

United States Bankruptcy Court Northern District of Illinois							Voluntary Petition		
Name of Debtor (if individual, enter Last, First, Middle): Smith, Rhonda K				Name of Joint Debtor (Spouse) (Last, First, Middle):					
All Other Names used by the Debtor in the last 8 years (include married, maiden, and trade names): Rhonda K Robinson				All Other Names used by the Joint Debtor in the last 8 years (include married, maiden, and trade names):					
Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all): 9696				Last four digits of Soc. Sec. or Individual-Taxpayer I.D. (ITIN) No./Complete EIN (if more than one, state all):					
Street Address of Debtor (No. & Street, City, State & Zip Code): 7720 S Marshfield Ave Chicago, IL				Street Address of Joint Debtor (No. & Street, City, State & Zip Code):					
ZIPCODE 60620-4217				ZIPCODE					
County of Residence or of the Principal Place of Business: Cook				County of Residence or of the Principal Place of Business:					
Mailing Address of Debtor (if different from street address) PO Box 12922 Chicago, IL				Mailing Address of Joint Debtor (if different from street address):					
ZIPCODE 60612				ZIPCODE					
Location of Principal Assets of Business Debtor (if different from street address above):									
ZIPCODE									
Type of Debtor (Form of Organization) (Check one box.) <input checked="" type="checkbox"/> Individual (includes Joint Debtors) <i>See Exhibit D on page 2 of this form.</i> <input type="checkbox"/> Corporation (includes LLC and LLP) <input type="checkbox"/> Partnership <input type="checkbox"/> Other (If debtor is not one of the above entities, check this box and state type of entity below.) _____			Nature of Business (Check one box.) <input type="checkbox"/> Health Care Business <input type="checkbox"/> Single Asset Real Estate as defined in 11 U.S.C. § 101(51B) <input type="checkbox"/> Railroad <input type="checkbox"/> Stockbroker <input type="checkbox"/> Commodity Broker <input type="checkbox"/> Clearing Bank <input type="checkbox"/> Other _____ Tax-Exempt Entity (Check box, if applicable.) <input type="checkbox"/> Debtor is a tax-exempt organization under Title 26 of the United States Code (the Internal Revenue Code).			Chapter of Bankruptcy Code Under Which the Petition is Filed (Check one box.) <input checked="" type="checkbox"/> Chapter 7 <input type="checkbox"/> Chapter 9 <input type="checkbox"/> Chapter 11 <input type="checkbox"/> Chapter 12 <input type="checkbox"/> Chapter 13 <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Main Proceeding <input type="checkbox"/> Chapter 15 Petition for Recognition of a Foreign Nonmain Proceeding _____ Nature of Debts (Check one box.) <input checked="" type="checkbox"/> Debts are primarily consumer debts, defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or house- hold purpose." <input type="checkbox"/> Debts are primarily business debts.			
Filing Fee (Check one box) <input checked="" type="checkbox"/> Full Filing Fee attached <input type="checkbox"/> Filing Fee to be paid in installments (Applicable to individuals only). Must attach signed application for the court's consideration certifying that the debtor is unable to pay fee except in installments. Rule 1006(b). See Official Form 3A. <input type="checkbox"/> Filing Fee waiver requested (Applicable to chapter 7 individuals only). Must attach signed application for the court's consideration. See Official Form 3B.					Chapter 11 Debtors Check one box: <input type="checkbox"/> Debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). <input type="checkbox"/> Debtor is not a small business debtor as defined in 11 U.S.C. § 101(51D). Check if: <input type="checkbox"/> Debtor's aggregate noncontingent liquidated debts owed to non-insiders or affiliates are less than \$2,190,000. ----- Check all applicable boxes: <input type="checkbox"/> A plan is being filed with this petition <input type="checkbox"/> Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).				
Statistical/Administrative Information <input type="checkbox"/> Debtor estimates that funds will be available for distribution to unsecured creditors. <input checked="" type="checkbox"/> Debtor estimates that, after any exempt property is excluded and administrative expenses paid, there will be no funds available for distribution to unsecured creditors.									THIS SPACE IS FOR COURT USE ONLY
Estimated Number of Creditors <input checked="" type="checkbox"/> 1-49 <input type="checkbox"/> 50-99 <input type="checkbox"/> 100-199 <input type="checkbox"/> 200-999 <input type="checkbox"/> 1,000-5,000 <input type="checkbox"/> 5,001-10,000 <input type="checkbox"/> 10,001-25,000 <input type="checkbox"/> 25,001-50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> Over 100,000									
Estimated Assets <input checked="" type="checkbox"/> \$0 to \$50,000 <input type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									
Estimated Liabilities <input type="checkbox"/> \$0 to \$50,000 <input checked="" type="checkbox"/> \$50,001 to \$100,000 <input type="checkbox"/> \$100,001 to \$500,000 <input type="checkbox"/> \$500,001 to \$1 million <input type="checkbox"/> \$1 million to \$10 million <input type="checkbox"/> \$10 million to \$50 million <input type="checkbox"/> \$50 million to \$100 million <input type="checkbox"/> \$100 million to \$500 million <input type="checkbox"/> \$500,000 to \$1 billion <input type="checkbox"/> More than \$1 billion									

Voluntary Petition (This page must be completed and filed in every case)		Name of Debtor(s): Smith, Rhonda K	
Prior Bankruptcy Case Filed Within Last 8 Years (If more than two, attach additional sheet)			
Location Where Filed: None		Case Number:	Date Filed:
Location Where Filed:		Case Number:	Date Filed:
Pending Bankruptcy Case Filed by any Spouse, Partner or Affiliate of this Debtor (If more than one, attach additional sheet)			
Name of Debtor: None		Case Number:	Date Filed:
District:		Relationship:	Judge:
Exhibit A (To be completed if debtor is required to file periodic reports (e.g., forms 10K and 10Q) with the Securities and Exchange Commission pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 and is requesting relief under chapter 11.) <input type="checkbox"/> Exhibit A is attached and made a part of this petition.		Exhibit B (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I have informed the petitioner that [he or she] may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each such chapter. I further certify that I delivered to the debtor the notice required by § 342(b) of the Bankruptcy Code. X /s/ Nicolette Robovsky 4/01/09 Signature of Attorney for Debtor(s) Date	
Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? <input type="checkbox"/> Yes, and Exhibit C is attached and made a part of this petition. <input checked="" type="checkbox"/> No			
Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) <input checked="" type="checkbox"/> Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: <input type="checkbox"/> Exhibit D also completed and signed by the joint debtor is attached a made a part of this petition.			
Information Regarding the Debtor - Venue (Check any applicable box.) <input checked="" type="checkbox"/> Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. <input type="checkbox"/> There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. <input type="checkbox"/> Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District.			
Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes.) <input type="checkbox"/> Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) _____ (Name of landlord or lessor that obtained judgment) _____ (Address of landlord or lessor) <input type="checkbox"/> Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and <input type="checkbox"/> Debtor has included in this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. <input type="checkbox"/> Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).			

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both 11 U.S.C. § 110; 18 U.S.C. § 156.

B201 (12/08)

UNITED STATES BANKRUPTCY COURT

**NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b)
OF THE BANKRUPTCY CODE**

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days before the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

Chapter 7: Liquidation (\$245 filing fee, \$39 administrative fee, \$15 trustee surcharge: Total fee \$299)

1. Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

2. Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

3. The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

4. Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

Chapter 13: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$39 administrative fee: Total fee \$274)

1. Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the Bankruptcy Code.

2. Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

3. After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

Chapter 11: Reorganization (\$1000 filing fee, \$39 administrative fee: Total fee \$1039)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$39 administrative fee: Total fee \$239)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

WARNING: Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

Certificate of [Non-Attorney] Bankruptcy Petition Preparer

I, the [non-attorney] bankruptcy petition preparer signing the debtor's petition, hereby certify that I delivered to the debtor this notice required by § 342(b) of the Bankruptcy Code.

Printed Name and title, if any, of Bankruptcy Petition Preparer
Address:

Social Security number (If the bankruptcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person, or partner of the bankruptcy petition preparer.)
(Required by 11 U.S.C. § 110.)

X _____
Signature of Bankruptcy Petition Preparer of officer, principal, responsible person, or partner whose Social Security number is provided above.

Certificate of the Debtor

I (We), the debtor(s), affirm that I (we) have received and read this notice.

Smith, Rhonda K
Printed Name(s) of Debtor(s)

X /s/ Rhonda K Smith
Signature of Debtor

4/01/2009
Date

Case No. (if known) _____

X _____
Signature of Joint Debtor (if any)

Date

SCHEDULE A - REAL PROPERTY

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim."

If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

DESCRIPTION AND LOCATION OF PROPERTY	NATURE OF DEBTOR'S INTEREST IN PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION	AMOUNT OF SECURED CLAIM
None				
TOTAL			0.00	

(Report also on Summary of Schedules)

IN RE **Smith, Rhonda K**

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether the husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
1. Cash on hand.	X			
2. Checking, savings or other financial accounts, certificates of deposit or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives.		Checking account w/ - Bank of America		100.00
3. Security deposits with public utilities, telephone companies, landlords, and others.		Security deposit with landlord. No cash value.		0.00
4. Household goods and furnishings, include audio, video, and computer equipment.		Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece		750.00
5. Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.		Misc books pictures and music		50.00
6. Wearing apparel.		Clothing		200.00
7. Furs and jewelry.	X			
8. Firearms and sports, photographic, and other hobby equipment.	X			
9. Interest in insurance policies. Name insurance company of each policy and itemize surrender or refund value of each.	X			
10. Annuities. Itemize and name each issue.	X			
11. Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).)	X			
12. Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.	X			
13. Stock and interests in incorporated and unincorporated businesses. Itemize.	X			
14. Interests in partnerships or joint ventures. Itemize.	X			

IN RE **Smith, Rhonda K**

Case No. _____

Debtor(s)

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
15. Government and corporate bonds and other negotiable and non-negotiable instruments.	X			
16. Accounts receivable.	X			
17. Alimony, maintenance, support, and property settlements in which the debtor is or may be entitled. Give particulars.	X			
18. Other liquidated debts owed to debtor including tax refunds. Give particulars.	X			
19. Equitable or future interest, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.	X			
20. Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.	X			
21. Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.		estimated tax refund for 2008. estimated \$4000 is earned income credit.		4,500.00
22. Patents, copyrights, and other intellectual property. Give particulars.	X			
23. Licenses, franchises, and other general intangibles. Give particulars.	X			
24. Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes.	X			
25. Automobiles, trucks, trailers, and other vehicles and accessories.	X			
26. Boats, motors, and accessories.	X			
27. Aircraft and accessories.	X			
28. Office equipment, furnishings, and supplies.	X			
29. Machinery, fixtures, equipment, and supplies used in business.	X			
30. Inventory.	X			
31. Animals.	X			
32. Crops - growing or harvested. Give particulars.	X			

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE B - PERSONAL PROPERTY
(Continuation Sheet)

TYPE OF PROPERTY	N O N E	DESCRIPTION AND LOCATION OF PROPERTY	HUSBAND, WIFE, JOINT, OR COMMUNITY	CURRENT VALUE OF DEBTOR'S INTEREST IN PROPERTY WITHOUT DEDUCTING ANY SECURED CLAIM OR EXEMPTION
33. Farming equipment and implements.	X			
34. Farm supplies, chemicals, and feed.	X			
35. Other personal property of any kind not already listed. Itemize.	X			
TOTAL				5,600.00

SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor elects the exemptions to which debtor is entitled under:

☐ Check if debtor claims a homestead exemption that exceeds \$136,875.

(Check one box)

☐ 11 U.S.C. § 522(b)(2)
 ☒ 11 U.S.C. § 522(b)(3)

DESCRIPTION OF PROPERTY	SPECIFY LAW PROVIDING EACH EXEMPTION	VALUE OF CLAIMED EXEMPTION	CURRENT VALUE OF PROPERTY WITHOUT DEDUCTING EXEMPTIONS
SCHEDULE B - PERSONAL PROPERTY			
Checking account w/ - Bank of America	735 ILCS 5 §12-1001(b)	100.00	100.00
Normal and necessary household goods, including but not limited to: TV, chairs, sofas, tables, bedroom furniture, some kitchen appliances, costume jewelry less than \$500 each piece	735 ILCS 5 §12-1001(b)	750.00	750.00
Misc books pictures and music	735 ILCS 5 §12-1001(a)	50.00	50.00
Clothing	735 ILCS 5 §12-1001(a)	200.00	200.00
estimated tax refund for 2008. estimated \$4000 is earned income credit.	735 ILCS 5 §12-1001(b) 305 ILCS 5 §11-3	3,050.00 1,450.00	4,500.00

SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is the creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H – Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Total the columns labeled "Amount of Claim Without Deducting Value of Collateral" and "Unsecured Portion, if Any" in the boxes labeled "Total(s)" on the last sheet of the completed schedule. Report the total from the column labeled "Amount of Claim Without Deducting Value of Collateral" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion, if Any" on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED, NATURE OF LIEN, AND DESCRIPTION AND VALUE OF PROPERTY SUBJECT TO LIEN	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM WITHOUT DEDUCTING VALUE OF COLLATERAL	UNSECURED PORTION, IF ANY
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
ACCOUNT NO.							
		Value \$					
Subtotal (Total of this page)						\$	\$
Total (Use only on last page)						\$	\$

0 continuation sheets attached

(Report also on
Summary of
Schedules.)

(If applicable, report
also on Statistical
Summary of Certain
Liabilities and Related
Data.)

SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.

Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☒ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.

TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)

- ☐ **Domestic Support Obligations**
Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).
- ☐ **Extensions of credit in an involuntary case**
Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).
- ☐ **Wages, salaries, and commissions**
Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$10,950* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).
- ☐ **Contributions to employee benefit plans**
Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).
- ☐ **Certain farmers and fishermen**
Claims of certain farmers and fishermen, up to \$5,400* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).
- ☐ **Deposits by individuals**
Claims of individuals up to \$2,425* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).
- ☐ **Taxes and Certain Other Debts Owed to Governmental Units**
Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).
- ☐ **Commitments to Maintain the Capital of an Insured Depository Institution**
Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).
- ☐ **Claims for Death or Personal Injury While Debtor Was Intoxicated**
Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

* Amounts are subject to adjustment on April 1, 2010, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

☐ Check this box if debtor has no creditors holding unsecured nonpriority claims to report on this Schedule F.

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. <i>(See Instructions Above.)</i>	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 07M1175634 Aaa Checkmate 954 W Washington Blvd Chicago, IL 60607		Judgment from loan				1,801.00
ACCOUNT NO. Gary A. Smiley 4741 N Western Ave Chicago, IL 60625-2012		Assignee or other notification for: Aaa Checkmate				
ACCOUNT NO. 25501462 Aarow Financial Services For FNB Marin 5996 W Touhy Ave Niles, IL 60714		Open account opened 4/04				828.00
ACCOUNT NO. 950995 Advocate Bethany Hospital 3435 W Van Buren Chicago, IL 60624		Open account opened 1/03				227.00
Subtotal (Total of this page)						\$ 2,856.00
Total (Use only on last page of the completed Schedule F. Report also on the Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.)						\$

10 continuation sheets attached

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Cda/ Pontiac 415 E Main St PO Box 213 Streator, IL 61364-0213		Assignee or other notification for: Advocate Bethany Hospital				
ACCOUNT NO. 05M1182046 Asset Acceptance PO Box 2036 Warren, MI 48090-2036		judgment				2,903.00
ACCOUNT NO. Sanjay S Julta / Allen Gunn 55 E Jackson Blvd 16th Fl Chicago, IL 60604-4466		Assignee or other notification for: Asset Acceptance				
ACCOUNT NO. 24415396 At&T PO Box 8100 Aurora, IL 60507-8100		Utility or Cellular Service				213.00
ACCOUNT NO. Southwest Credit 5910 W Plano Pkwy Ste 100 Plano, TX 75093-2202		Assignee or other notification for: At&T				
ACCOUNT NO. Pal1attw021372553 At&T Wireless PO Box 8229 Aurora, IL 60572-8229		Open account opened 10/04				1,106.00
ACCOUNT NO. Palisades Collections 210 Sylvan Ave Englewood, NJ 07632-2524		Assignee or other notification for: At&T Wireless				

Sheet no. 1 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **4,222.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 07M1175857 Brother Loan 328 S Jefferson St # 110 Chicago, IL 60661		judgment from loan				1,695.00
ACCOUNT NO. Gary A. Smiley 4741 N Western Ave Chicago, IL 60625-2012		Assignee or other notification for: Brother Loan				
ACCOUNT NO. 151814284 Check Processing Bureau 130 Church St Ste 276 New York, NY 10007-2226		nsf check			X	290.00
ACCOUNT NO. 132680006143436, 9100026 Cingular Wireless 5050 Ash Grove Dr Springfield, IL 62711-6329		Open account opened 3/04				3,345.00
ACCOUNT NO. Afni Inc PO Box 3427 Bloomington, IL 61702-3427		Assignee or other notification for: Cingular Wireless				
ACCOUNT NO. Bureau Of Collection Recovery 7575 Corporate Way Eden Prairie, MN 55344-2022		Assignee or other notification for: Cingular Wireless				
ACCOUNT NO. City Of Chicago Bureau Of Parking Dept Of Revenue 121 N Lasalle St Rm 1007A Chicago, IL 60602-1202		parking tickets				1,085.00

Sheet no. 2 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **6,415.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.) \$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Arnold Scott Harris, PC 600 W Jackson Blvd Ste 720 Chicago, IL 60661-5683		Assignee or other notification for: City Of Chicago Bureau Of Parking				
ACCOUNT NO. Linebarger, Goggan, Blair, & Sampson LLP Attorneys At Law PO Box 6152 Chicago, IL 60606-0152		Assignee or other notification for: City Of Chicago Bureau Of Parking				
ACCOUNT NO. 7094292017 Com Ed Revenue Management 2100 Swift Dr Oak Brook, IL 60523-1559		Utility or Cellular Service				1,935.00
ACCOUNT NO. Van Ru Credit Corporation 4415 S Wendler Dr Ste 200 Bldg B Tempe, AZ 85282-6446		Assignee or other notification for: Com Ed				
ACCOUNT NO. 87983000047290153 Comcast 1255 W North Ave Chicago, IL 60622-1562		Utility or Cellular Service				425.00
ACCOUNT NO. Credit Protection Assoc 13355 Noel Rd Dallas, TX 75240-6602		Assignee or other notification for: Comcast				
ACCOUNT NO. 149304881, 1992093 Direct TV PO Box 78627 Phoenix, AZ 85062-8627		Open account opened 3/05				287.00

Sheet no. 3 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,647.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Allied Interstate Inc 435 Ford Rd Ste 800 Minneapolis, MN 55426-1066		Assignee or other notification for: Direct TV				
ACCOUNT NO. Nco Fin/ Na Po Box 105062 Atlanta, GA 30348		Assignee or other notification for: Direct TV				
ACCOUNT NO. 07M1703462 Earl And Gertrude Manning Owners/ Managers Of: 1700 N Austin Ave Chicago, IL 60639-4046		eviction judgment				700.00
ACCOUNT NO. Illinois Department Of Employment Securi Bankruptcy Unit 33 S State St 10th Fl Chicago, IL 60603-2802		Overpayment of benefits				320.00
ACCOUNT NO. Illinois Department Of Employment Securi Benefit Payment Controld Ivision PO Box 4385 Chicago, IL 60680-4385		Assignee or other notification for: Illinois Department Of Employment Securi				
ACCOUNT NO. 06Lm000636 James Origer 2131 Best Pl Aurora, IL 60506-3347		Judgment				2,880.00
ACCOUNT NO. ep62716 Lake Imaging 55 E 86tha Ave, Ste A PO Box 10645 Merrillville, IN 46411-0645		Medical or Dental Bill				82.00

Sheet no. 4 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **3,982.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. Ccsi PO Box 10428 Merrillville, IN 46411-0428		Assignee or other notification for: Lake Imaging				
ACCOUNT NO. 2009-M1-705964 Larry & Stephanie Collins Owner/ Manager Of: 7720 S Marshfield Ave Chicago, IL 60620-4217		back rent				1,000.00
ACCOUNT NO. 20124641, 20124642 Nco-medclr For Francisco Emergency Physicians Po Box 8547 Philadelphia, PA 19101		Collections for Medical/Dental bills. Open account opened 2/04				232.00
ACCOUNT NO. N008999492 Norwegian American Hospital 1044 N Mozart St Chicago, IL 60622-2789		Open account opened 6/05				493.00
ACCOUNT NO. Friedman & Wexler 500 W Madison St Ste 2910 Chicago, IL 60661-4571		Assignee or other notification for: Norwegian American Hospital				
ACCOUNT NO. 54772325651 Nuvell Financial 17500 Chenal Pkwy Ste 20 Little Rock, AR 72223		Repossession. Auto loan. Installment account opened 2/05				7,300.00
ACCOUNT NO. Constar Financial Services PO Box 12020 Glendale, AZ 85318-2020		Assignee or other notification for: Nuvell Financial				

Sheet no. 5 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **9,025.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 50004105, 50004105 Peoples Engy 130 E Randolph Chicago, IL 60601		Collections for Utility bill. Open account opened 5/04				7,616.00
ACCOUNT NO. Harris & Harris 600 W Jackson Blvd Ste 700 Chicago, IL 60661-5629		Assignee or other notification for: Peoples Engy				
ACCOUNT NO. 0400378 Providian C/O Washington Mutual Card Services PO Box 660487 Dallas, TX 75266-0487		revolving credit card debt from 01/00				500.00
ACCOUNT NO. Steven J Fink 25 E Washington St Ste 1233 Chicago, IL 60602-1876		Assignee or other notification for: Providian				
ACCOUNT NO. Rush Oak Park Hospital 520 S Maple Oak Park, IL 60304		Medical/Dental bill				300.00
ACCOUNT NO. 26027243 Rush Oak Park Hospital 28954 Eagle Way Chicago, IL 60678-0001		Medical or Dental Bill				101.00
ACCOUNT NO. Sallie Mae Servicing PO Box 9500 Wilkes Barre, PA 18773-9500		notice only		X		0.00

Sheet no. 6 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **8,517.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. rlr043843719 Santa Barbara Bank PO Box 1390 Solana Beach, CA 92075-7390		loan				5,912.00
ACCOUNT NO. 24412606 Sbc Bankruptcy Dept 225 W Randolph St Ste 27A Chicago, IL 60606-1838		Open account opened 8/05				2,116.00
ACCOUNT NO. Asset Acceptance PO Box 2036 Warren, MI 48090-2036		Assignee or other notification for: Sbc				
ACCOUNT NO. At&T PO Box 8212 Aurora, IL 60572-8212		Assignee or other notification for: Sbc				
ACCOUNT NO. 22184875, 441571639 Sprint PCS PO Box 219554 Kansas City, MO 64121-9554		Open account opened 2/05				734.00
ACCOUNT NO. Asset Acceptance PO Box 2036 Warren, MI 48090-2036		Assignee or other notification for: Sprint PCS				
ACCOUNT NO. Bay Area Credit Service 1000 Abernathy Rd NE Ste 165 Atlanta, GA 30328-5612		Assignee or other notification for: Sprint PCS				

Sheet no. 7 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **8,762.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. First Revenue Assurance PO Box 1259 Oaks, PA 19456-1259		Assignee or other notification for: Sprint PCS				
ACCOUNT NO. 1331650 St Margaret Mercy Hospital 35682 Eagle Way Chicago, IL 60678-1356		Medical or Dental Bill				157.00
ACCOUNT NO. 138805630 State Farm Insurance Support Center PO Box 588002 North Metro, GA 30029-8002		accident damages				1,780.00
ACCOUNT NO. First Financial Asset Management PO Box 18064 Hauppauge, NY 11788		Assignee or other notification for: State Farm Insurance Support Center				
ACCOUNT NO. Illinois Secretary Of State Financial Responsibility 2701 S Dirksen Springfield, IL 62723-0001		Assignee or other notification for: State Farm Insurance Support Center				
ACCOUNT NO. State Farm Insurance C/O Wilber & Associates PO Box 2159 Bloomington, IL 61702-2159		Assignee or other notification for: State Farm Insurance Support Center				
ACCOUNT NO. Sun Cash 5800 W North Ave Chicago, IL 60639-4041		loan				350.00

Sheet no. 8 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,287.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 05M1710271 Syndie Schmeltzer Or Owner/ Manager Of: 1823 N Austin Chicago, IL 60639		Judgment				4,400.00
ACCOUNT NO. 11394131 T Mobile PO Box 702727 Dallas, TX 75370-2727		Open account opened 5/05				1,105.00
ACCOUNT NO. Superior Management PO Box 4339 Fort Walton Beach, FL 32549-4339		Assignee or other notification for: T Mobile				
ACCOUNT NO. D1265401n1 US Cellular Write Off Team 5117 W Terrace Dr Madison, WI 53718-8344		Open account opened 2/06				180.00
ACCOUNT NO. Acct Rec Svc 3031 N 114th St Milwaukee, WI 53222-4208		Assignee or other notification for: US Cellular				
ACCOUNT NO. 1005850041 Vonage 23 Main St Holmdel, NJ 07733-2136		Utility or Cellular Service				100.00
ACCOUNT NO. Penn Credit Corporation PO Box 988 Harrisburg, PA 17108-0988		Assignee or other notification for: Vonage				

Sheet no. 9 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **5,785.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS
(Continuation Sheet)

CREDITOR'S NAME, MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER. (See Instructions Above.)	CODEBTOR HUSBAND, WIFE, JOINT, OR COMMUNITY	DATE CLAIM WAS INCURRED AND CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE	CONTINGENT	UNLIQUIDATED	DISPUTED	AMOUNT OF CLAIM
ACCOUNT NO. 172715 Walgreens C/O Check Plus Systems PO Box 782408 San Antonio, TX 78278-2408		nsf check			X	45.00
ACCOUNT NO. Chex Systems 7805 Hudson Rd Ste 100 Saint Paul, MN 55125-1595		Assignee or other notification for: Walgreens				
ACCOUNT NO. Telecheck 5251 Westheimer Rd Houston, TX 77056-5412		Assignee or other notification for: Walgreens				
ACCOUNT NO. 16816709 West Side Emergency Physicians 75 Remittance Dr, Lockbox 6322 Chicago, IL 60675-0001		Open account opened 7/06				342.00
ACCOUNT NO. United Collections Bureau 5620 Southwyck Blvd Toledo, OH 43614		Assignee or other notification for: West Side Emergency Physicians				
ACCOUNT NO. West Suburban Health Care 3 Erie Ct Oak Park, IL 60302-2519		Medical/Dental bill				2,040.00
ACCOUNT NO. Revenue Production Management PO Box 830913 Birmingham, AL 35283-0913		Assignee or other notification for: West Suburban Health Care				

Sheet no. 10 of 10 continuation sheets attached to
Schedule of Creditors Holding Unsecured Nonpriority ClaimsSubtotal
(Total of this page) \$ **2,427.00**(Use only on last page of the completed Schedule F. Report also on
the Summary of Schedules, and if applicable, on the Statistical
Summary of Certain Liabilities and Related Data.)
Total
\$ **56,925.00**

SCHEDULE I - CURRENT INCOME OF INDIVIDUAL DEBTOR(S)

The column labeled "Spouse" must be completed in all cases filed by joint debtors and by every married debtor, whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. Do not state the name of any minor child. The average monthly income calculated on this form may differ from the current monthly income calculated on From 22A, 22B, or 22C.

Debtor's Marital Status Married	DEPENDENTS OF DEBTOR AND SPOUSE	
	RELATIONSHIP(S): Dependent Dependent	AGE(S): 14 8
EMPLOYMENT: DEBTOR		SPOUSE
Occupation Name of Employer How long employed Address of Employer	Case Management/ Outreach Srvs Heartland Alliance Outreach 7 months Chicago, IL	Security St Anthony Hospital Chicago, IL

INCOME: (Estimate of average or projected monthly income at time case filed)	DEBTOR	SPOUSE
1. Current monthly gross wages, salary, and commissions (prorate if not paid monthly)	\$ 2,189.20	\$ 1,950.00
2. Estimated monthly overtime	\$ _____	\$ _____
3. SUBTOTAL	\$ 2,189.20	\$ 1,950.00
4. LESS PAYROLL DEDUCTIONS		
a. Payroll taxes and Social Security	\$ 392.17	\$ 346.67
b. Insurance	\$ 209.36	\$ 214.50
c. Union dues	\$ _____	\$ _____
d. Other (specify) _____	\$ _____	\$ _____
5. SUBTOTAL OF PAYROLL DEDUCTIONS	\$ 601.53	\$ 561.17
6. TOTAL NET MONTHLY TAKE HOME PAY	\$ 1,587.67	\$ 1,388.83
7. Regular income from operation of business or profession or farm (attach detailed statement)	\$ _____	\$ _____
8. Income from real property	\$ _____	\$ _____
9. Interest and dividends	\$ _____	\$ _____
10. Alimony, maintenance or support payments payable to the debtor for the debtor's use or that of dependents listed above	\$ _____	\$ _____
11. Social Security or other government assistance (Specify) Social Security For Son	\$ 939.00	\$ _____
12. Pension or retirement income	\$ _____	\$ _____
13. Other monthly income (Specify) _____	\$ _____	\$ _____
	\$ _____	\$ _____
	\$ _____	\$ _____
14. SUBTOTAL OF LINES 7 THROUGH 13	\$ 939.00	\$ _____
15. AVERAGE MONTHLY INCOME (Add amounts shown on lines 6 and 14)	\$ 2,526.67	\$ 1,388.83
16. COMBINED AVERAGE MONTHLY INCOME: (Combine column totals from line 15; if there is only one debtor repeat total reported on line 15)	\$ 3,915.50	

(Report also on Summary of Schedules and, if applicable, on Statistical Summary of Certain Liabilities and Related Data)

17. Describe any increase or decrease in income reasonably anticipated to occur within the year following the filing of this document:
None

SCHEDULE J - CURRENT EXPENDITURES OF INDIVIDUAL DEBTOR(S)

Complete this schedule by estimating the average or projected monthly expenses of the debtor and the debtor’s family at time case filed. Prorate any payments made biweekly, quarterly, semi-annually, or annually to show monthly rate. The average monthly expenses calculated on this form may differ from the deductions from income allowed on Form22A or 22C.

☐ Check this box if a joint petition is filed and debtor’s spouse maintains a separate household. Complete a separate schedule of expenditures labeled “Spouse.”

1. Rent or home mortgage payment (include lot rented for mobile home)	\$ 1,025.00
a. Are real estate taxes included? Yes ___ No <input checked="" type="checkbox"/>	
b. Is property insurance included? Yes ___ No <input checked="" type="checkbox"/>	
2. Utilities:	
a. Electricity and heating fuel	\$ 250.00
b. Water and sewer	\$
c. Telephone	\$
d. Other Phone, Internet, And Cable	\$ 287.00
Cell Phone	\$ 270.00
3. Home maintenance (repairs and upkeep)	\$
4. Food	\$ 700.00
5. Clothing	\$ 100.00
6. Laundry and dry cleaning	\$ 20.00
7. Medical and dental expenses	\$ 400.00
8. Transportation (not including car payments)	\$ 200.00
9. Recreation, clubs and entertainment, newspapers, magazines, etc.	\$
10. Charitable contributions	\$ 280.00
11. Insurance (not deducted from wages or included in home mortgage payments)	
a. Homeowner’s or renter’s	\$
b. Life	\$
c. Health	\$
d. Auto	\$ 150.00
e. Other	\$
12. Taxes (not deducted from wages or included in home mortgage payments)	
(Specify)	\$
13. Installment payments: (in chapter 11, 12 and 13 cases, do not list payments to be included in the plan)	
a. Auto	\$ 405.00
b. Other	\$
14. Alimony, maintenance, and support paid to others	\$
15. Payments for support of additional dependents not living at your home	\$
16. Regular expenses from operation of business, profession, or farm (attach detailed statement)	\$
17. Other Child Care	\$ 470.00
	\$
	\$

18. AVERAGE MONTHLY EXPENSES (Total lines 1-17. Report also on Summary of Schedules and, if applicable, on the Statistical Summary of Certain Liabilities and Related Data.

\$ 4,557.00

19. Describe any increase or decrease in expenditures anticipated to occur within the year following the filing of this document:

None

20. STATEMENT OF MONTHLY NET INCOME	
a. Average monthly income from Line 15 of Schedule I	\$ 3,915.50
b. Average monthly expenses from Line 18 above	\$ 4,557.00
c. Monthly net income (a. minus b.)	\$ -641.50

IN RE Smith, Rhonda K

Debtor(s)

Case No. _____

(If known)

DECLARATION CONCERNING DEBTOR'S SCHEDULES

DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of 24 sheets, and that they are true and correct to the best of my knowledge, information, and belief.

Date: April 1, 2009 Signature: /s/ Rhonda K Smith
Rhonda K Smith

Debtor

Date: _____ Signature: _____
(Joint Debtor, if any)

[If joint case, both spouses must sign.]

DECLARATION AND SIGNATURE OF NON-ATTORNEY BANKRUPTCY PETITION PREPARER (See 11 U.S.C. § 110)

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342 (b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required by that section.

Printed or Typed Name and Title, if any, of Bankruptcy Petition Preparer

Social Security No. (Required by 11 U.S.C. § 110.)

If the bankruptcy petition preparer is not an individual, state the name, title (if any), address, and social security number of the officer, principal, responsible person, or partner who signs the document.

Address

Signature of Bankruptcy Petition Preparer

Date

Names and Social Security numbers of all other individuals who prepared or assisted in preparing this document, unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional signed sheets conforming to the appropriate Official Form for each person.

A bankruptcy petition preparer's failure to comply with the provision of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. § 110; 18 U.S.C. § 156.

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the _____ (the president or other officer or an authorized agent of the corporation or a member or an authorized agent of the partnership) of the _____ (corporation or partnership) named as debtor in this case, declare under penalty of perjury that I have read the foregoing summary and schedules, consisting of _____ sheets (*total shown on summary page plus 1*), and that they are true and correct to the best of my knowledge, information, and belief.

Date: _____ Signature: _____

(Print or type name of individual signing on behalf of debtor)

[An individual signing on behalf of a partnership or corporation must indicate position or relationship to debtor.]

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

IN RE:

Smith, Rhonda K

Case No. _____

Chapter 7

Debtor(s)

STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

DEFINITIONS

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any owner of 5 percent or more of the voting or equity securities of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; any managing agent of the debtor. 11 U.S.C. § 101.

1. Income from employment or operation of business

None ☐ State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
10,566.00	Estimated 2007 income from employment
13,000.00	2008 Income from employment
2,189.00	2009 Income from employment (monthly)

2. Income other than from employment or operation of business

None ☐ State the amount of income received by the debtor other than from employment, trade, profession, operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT	SOURCE
11,040.00	Estimated 2007 income from social security for son
11,268.00	Estimated 2008 income from social security for son
939.00	Estimated 2009 year to date income from social security for son (monthly)
480.00	2008 Income from Unemployment

3. Payments to creditors

Complete a. or b., as appropriate, and c.

None ☒ a. *Individual or joint debtor(s) with primarily consumer debts:* List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within **90 days** immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ b. *Debtor whose debts are not primarily consumer debts:* List each payment or other transfer to any creditor made within **90 days** immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$5,475. If the debtor is an individual, indicate with an asterisk (*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

None ☒ c. *All debtors:* List all payments made within **one year** immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

4. Suits and administrative proceedings, executions, garnishments and attachments

None ☐ a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER	NATURE OF PROCEEDING	COURT OR AGENCY AND LOCATION	STATUS OR DISPOSITION
AAA Checkmate vs Rhonda Robinson, 07M175634	Collections	Cook County Circuit Court	Judgment entered
Brother Loan and Finance Company vs Rhonda Robinson; 07M1175857	Collections	Cook County Circuit Court	Judgment entered.
HBLC, Inc vs. Rhonda Robinson, 07M1113379	Collections	Cook County Circuit Court	Judgment entered
Earl Manning and Gertrude Manning; 07M1703462	Eviction	Cook County Circuit Court	Judgment entered

None ☒ b. Describe all property that has been attached, garnished or seized under any legal or equitable process within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

5. Repossessions, foreclosures and returns

None ☒ List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

6. Assignments and receiverships

None ☒ a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and joint petition is not filed.)

None ☒ b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

7. Gifts

None ☐ List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON
OR ORGANIZATIONAaron Home Ministry
Chicago,RELATIONSHIP TO
DEBTOR, IF ANY

church

DATE OF GIFT
2008-2009DESCRIPTION AND
VALUE OF GIFT

\$2000 - tithes

8. Losses

- None ☐ List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case**. (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

9. Payments related to debt counseling or bankruptcy

- None ☐ List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under bankruptcy law or preparation of a petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Gleason And Gleason LLC
77 W Washington, Ste 1218
Chicago, IL 60602DATE OF PAYMENT, NAME OF
PAYOR IF OTHER THAN DEBTOR
2/09/2007AMOUNT OF MONEY OR DESCRIPTION
AND VALUE OF PROPERTY
556.00**10. Other transfers**

- None ☒ a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)
- None ☒ b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

11. Closed financial accounts

- None ☒ List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

12. Safe deposit boxes

- None ☒ List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

13. Setoffs

- None ☒ List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

14. Property held for another person

- None ☒ List all property owned by another person that the debtor holds or controls.

15. Prior address of debtor

- None ☐ If debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS

842 N Homan, Chicago, IL
4921 W. Maypole, Chicago, IL
1823 N Austin, Chicago, IL

NAME USED

DATES OF OCCUPANCY

16. Spouses and Former Spouses

None ☐ If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

17. Environmental Information

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law.

None ☐ a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law.

None ☐ b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

None ☐ c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the docket number.

18. Nature, location and name of business

None ☐ a. *If the debtor is an individual*, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within **six years** immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within **six years** immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within **six years** immediately preceding the commencement of this case.

None ☐ b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

[If completed by an individual or individual and spouse]

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

Date: April 1, 2009 Signature /s/ Rhonda K Smith
of Debtor Rhonda K Smith

Date: _____ Signature _____
of Joint Debtor
(if any)

0 continuation pages attached

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. § 152 and 3571.

IN RE:

Case No. _____

Smith, Rhonda K

Chapter 7

Debtor(s)

SUMMARY OF SCHEDULES

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors also must complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

NAME OF SCHEDULE	ATTACHED (YES/NO)	NUMBER OF SHEETS	ASSETS	LIABILITIES	OTHER
A - Real Property	Yes	1	\$ 0.00		
B - Personal Property	Yes	3	\$ 5,600.00		
C - Property Claimed as Exempt	Yes	1			
D - Creditors Holding Secured Claims	Yes	1		\$ 0.00	
E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E)	Yes	1		\$ 0.00	
F - Creditors Holding Unsecured Nonpriority Claims	Yes	11		\$ 56,925.00	
G - Executory Contracts and Unexpired Leases	Yes	1			
H - Codebtors	Yes	1			
I - Current Income of Individual Debtor(s)	Yes	1			\$ 3,915.50
J - Current Expenditures of Individual Debtor(s)	Yes	1			\$ 4,557.00
TOTAL		22	\$ 5,600.00	\$ 56,925.00	

IN RE:

Case No. _____

Smith, Rhonda K

Chapter 7

Debtor(s)

STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C. § 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

Type of Liability	Amount
Domestic Support Obligations (from Schedule E)	\$ 0.00
Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)	\$ 0.00
Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed)	\$ 0.00
Student Loan Obligations (from Schedule F)	\$ 0.00
Domestic Support, Separation Agreement, and Divorce Decree Obligations Not Reported on Schedule E	\$ 0.00
Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)	\$ 0.00
TOTAL	\$ 0.00

State the following:

Average Income (from Schedule I, Line 16)	\$ 3,915.50
Average Expenses (from Schedule J, Line 18)	\$ 4,557.00
Current Monthly Income (from Form 22A Line 12; OR , Form 22B Line 11; OR , Form 22C Line 20)	\$ 4,139.20

State the following:

1. Total from Schedule D, "UNSECURED PORTION, IF ANY" column		\$ 0.00
2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column.	\$ 0.00	
3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column		\$ 0.00
4. Total from Schedule F		\$ 56,925.00
5. Total of non-priority unsecured debt (sum of 1, 3, and 4)		\$ 56,925.00

IN RE:

Smith, Rhonda K

Debtor(s)

Case No. _____

Chapter 7

**EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE
WITH CREDIT COUNSELING REQUIREMENT**

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

☒ 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency.*

☐ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. *You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 15 days after your bankruptcy case is filed.*

☐ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the five days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. *[Summarize exigent circumstances here.]*

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

☐ 4. I am not required to receive a credit counseling briefing because of: *[Check the applicable statement.] [Must be accompanied by a motion for determination by the court.]*

- ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness or mental deficiency so as to be incapable of realizing and making rational decisions with respect to financial responsibilities.);
- ☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);
- ☐ Active military duty in a military combat zone.

☐ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Rhonda K Smith

Date: April 1, 2009

IN RE:

Smith, Rhonda K

Case No. _____

Chapter **7**

Debtor(s)

CHAPTER 7 INDIVIDUAL DEBTOR'S STATEMENT OF INTENTION

PART A – Debts secured by property of the estate. (Part A must be fully completed for *EACH* debt which is secured by property of the estate. Attach additional pages if necessary.)

Property No. 1	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	
Property No. 2 (if necessary)	
Creditor's Name:	Describe Property Securing Debt:
Property will be (check one): <input type="checkbox"/> Surrendered <input type="checkbox"/> Retained If retaining the property, I intend to (check at least one): <input type="checkbox"/> Redeem the property <input type="checkbox"/> Reaffirm the debt <input type="checkbox"/> Other. Explain _____ (for example, avoid lien using 11 U.S.C. § 522(f)). Property is (check one): <input type="checkbox"/> Claimed as exempt <input type="checkbox"/> Not claimed as exempt	

PART B – Personal property subject to unexpired leases. (All three columns of Part B must be completed for each unexpired lease. Attach additional pages if necessary.)

Property No. 1		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No
Property No. 2 (if necessary)		
Lessor's Name:	Describe Leased Property:	Lease will be assumed pursuant to 11 U.S.C. § 365(p)(2): <input type="checkbox"/> Yes <input type="checkbox"/> No

____ continuation sheets attached (if any)

I declare under penalty of perjury that the above indicates my intention as to any property of my estate securing a debt and/or personal property subject to an unexpired lease.

Date: **April 1, 2009**

/s/ Rhonda K Smith

Signature of Debtor

Signature of Joint Debtor

IN RE:

Case No. _____

Smith, Rhonda K

Chapter 7

Debtor(s)

VERIFICATION OF CREDITOR MATRIX

Number of Creditors 72

The above-named Debtor(s) hereby verifies that the list of creditors is true and correct to the best of my (our) knowledge.

Date: April 1, 2009

/s/ Rhonda K Smith

Debtor

Joint Debtor

Smith, Rhonda K
PO Box 12922
Chicago, IL 60612

At&T
PO Box 8212
Aurora, IL 60572-8212

Cingular Wireless
5050 Ash Grove Dr
Springfield, IL 62711-6329

Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602

At&T
PO Box 8100
Aurora, IL 60507-8100

City Of Chicago Bureau Of Parking
Dept Of Revenue
121 N Lasalle St Rm 1007A
Chicago, IL 60602-1202

Aaa Checkmate
954 W Washington Blvd
Chicago, IL 60607

At&T Wireless
PO Box 8229
Aurora, IL 60572-8229

Com Ed
Revenue Management
2100 Swift Dr
Oak Brook, IL 60523-1559

Aarow Financial Services
For FNB Marin
5996 W Touhy Ave
Niles, IL 60714

Bay Area Credit Service
1000 Abernathy Rd NE Ste 165
Atlanta, GA 30328-5612

Comcast
1255 W North Ave
Chicago, IL 60622-1562

Acct Rec Svc
3031 N 114th St
Milwaukee, WI 53222-4208

Brother Loan
328 S Jefferson St # 110
Chicago, IL 60661

Constar Financial Services
PO Box 12020
Glendale, AZ 85318-2020

Advocate Bethany Hospital
3435 W Van Buren
Chicago, IL 60624

Bureau Of Collection Recovery
7575 Corporate Way
Eden Prairie, MN 55344-2022

Credit Protection Assoc
13355 Noel Rd
Dallas, TX 75240-6602

Afni Inc
PO Box 3427
Bloomington, IL 61702-3427

Ccsi
PO Box 10428
Merrillville, IN 46411-0428

Direct TV
PO Box 78627
Phoenix, AZ 85062-8627

Allied Interstate Inc
435 Ford Rd Ste 800
Minneapolis, MN 55426-1066

Cda/ Pontiac
415 E Main St
PO Box 213
Streator, IL 61364-0213

Earl And Gertrude Manning
Owners/ Managers Of:
1700 N Austin Ave
Chicago, IL 60639-4046

Arnold Scott Harris, PC
600 W Jackson Blvd Ste 720
Chicago, IL 60661-5683

Check Processing Bureau
130 Church St Ste 276
New York, NY 10007-2226

First Financial Asset Management
PO Box 18064
Hauppauge, NY 11788

Asset Acceptance
PO Box 2036
Warren, MI 48090-2036

Chex Systems
7805 Hudson Rd Ste 100
Saint Paul, MN 55125-1595

First Revenue Assurance
PO Box 1259
Oaks, PA 19456-1259

Friedman & Wexler
500 W Madison St Ste 2910
Chicago, IL 60661-4571

Nco Fin/ Na
Po Box 105062
Atlanta, GA 30348

Rush Oak Park Hospital
28954 Eagle Way
Chicago, IL 60678-0001

Gary A. Smiley
4741 N Western Ave
Chicago, IL 60625-2012

Nco-medclr
For Francisco Emergency Physicians
Po Box 8547
Philadelphia, PA 19101

Sallie Mae Servicing
PO Box 9500
Wilkes Barre, PA 18773-9500

Harris & Harris
600 W Jackson Blvd Ste 700
Chicago, IL 60661-5629

Norwegian American Hospital
1044 N Mozart St
Chicago, IL 60622-2789

Sanjay S Julta / Allen Gunn
55 E Jackson Blvd 16th Fl
Chicago, IL 60604-4466

Illinois Department Of Employment Securi
Bankruptcy Unit
33 S State St 10th Fl
Chicago, IL 60603-2802

Nuvell Financial
17500 Chenal Pkwy Ste 20
Little Rock, AR 72223

Santa Barbara Bank
PO Box 1390
Solana Beach, CA 92075-7390

Illinois Department Of Employment Securi
Benefit Payment Controld Ivision
PO Box 4385
Chicago, IL 60680-4385

Palisades Collections
210 Sylvan Ave
Englewood, NJ 07632-2524

Sbc
Bankruptcy Dept
225 W Randolph St Ste 27A
Chicago, IL 60606-1838

Illinois Secretary Of State
Financial Responsibility
2701 S Dirksen
Springfield, IL 62723-0001

Penn Credit Corporation
PO Box 988
Harrisburg, PA 17108-0988

Southwest Credit
5910 W Plano Pkwy Ste 100
Plano, TX 75093-2202

James Origer
2131 Best Pl
Aurora, IL 60506-3347

Peoples Engy
130 E Randolph
Chicago, IL 60601

Sprint PCS
PO Box 219554
Kansas City, MO 64121-9554

Lake Imaging
55 E 86tha Ave, Ste A
PO Box 10645
Merrillville, IN 46411-0645

Providian
C/O Washington Mutual Card Services
PO Box 660487
Dallas, TX 75266-0487

St Margaret Mercy Hospital
35682 Eagle Way
Chicago, IL 60678-1356

Larry & Stephanie Collins
Owner/ Manager Of:
7720 S Marshfield Ave
Chicago, IL 60620-4217

Revenue Production Management
PO Box 830913
Birmingham, AL 35283-0913

State Farm Insurance
C/O Wilber & Associates
PO Box 2159
Bloomington, IL 61702-2159

Linebarger, Goggan, Blair, & Sampson LLP
Attorneys At Law
PO Box 6152
Chicago, IL 60606-0152

Rush Oak Park Hospital
520 S Maple
Oak Park, IL 60304

State Farm Insurance Support Center
PO Box 588002
North Metro, GA 30029-8002

Steven J Fink
25 E Washington St Ste 1233
Chicago, IL 60602-1876

Vonage
23 Main St
Holmdel, NJ 07733-2136

Sun Cash
5800 W North Ave
Chicago, IL 60639-4041

Walgreens
C/O Check Plus Systems
PO Box 782408
San Antonio, TX 78278-2408

Superior Management
PO Box 4339
Fort Walton Beach, FL 32549-4339

West Side Emergency Physicians
75 Remittance Dr, Lockbox 6322
Chicago, IL 60675-0001

Syndie Schmeltzer
Or Owner/ Manager Of:
1823 N Austin
Chicago, IL 60639

West Suburban Health Care
3 Erie Ct
Oak Park, IL 60302-2519

T Mobile
PO Box 702727
Dallas, TX 75370-2727

Tcf Bank
800 Burr Ridge Pkwy
Burr Ridge, IL 60527-6486

Telecheck
5251 Westheimer Rd
Houston, TX 77056-5412

United Collections Bureau
5620 Southwyck Blvd
Toledo, OH 43614

US Cellular
Write Off Team
5117 W Terrace Dr
Madison, WI 53718-8344

Van Ru Credit Corporation
4415 S Wendler Dr Ste 200 Bldg B
Tempe, AZ 85282-6446

Form **1040**

Department of the Treasury — Internal Revenue Service

U.S. Individual Income Tax Return 2007

IRS Use Only — Do not write or staple in this space.

Label
(See instructions.)Use the
IRS label.
Otherwise,
please print
or type.**Presidential
Election
Campaign**

For the year Jan 1 - Dec 31, 2007, or other tax year beginning , 2007, ending , 20		OMB No. 1545-0074
Your first name RHONDA	Mi Last name K ROBINSON	Your social security number 3-00-000000
If a joint return, spouse's first name Mi Last name		Spouse's social security number
Home address (number and street). If you have a P.O. box, see instructions. 7631 S RHODES AVE		You must enter your social security number(s) above. ▲
Apartment no.		
City, town or post office. If you have a foreign address, see instructions. CHICAGO		Checking a box below will not change your tax or refund.
State ZIP code IL 60619		
Check here if you, or your spouse if filing jointly, want \$3 to go to this fund? (see instructions) <input type="checkbox"/> You <input type="checkbox"/> Spouse		

Filing Status

Check only one box.

- 1 ☐ Single
- 2 ☐ Married filing jointly (even if only one had income)
- 3 ☐ Married filing separately. Enter spouse's SSN above & full name here.
- 4 ☒ Head of household (with qualifying person). (See instructions.) If the qualifying person is a child but not your dependent, enter this child's name here.
- 5 ☐ Qualifying widow(er) with dependent child (see instructions)

Exemptions

6a ☒ Yourself. If someone can claim you as a dependent, do not check box 6a.

b ☐ Spouse

c Dependents:

(1) First name Last name	(2) Dependent's social security number	(3) Dependent's relationship to you	(4) <input checked="" type="checkbox"/> if qualifying child for child tax credit (see instrs)
DEANOR	3-00-000000	Grandchild	<input checked="" type="checkbox"/>
DAR	3-00-000000	Grandchild	<input checked="" type="checkbox"/>

d Total number of exemptions claimed **3**

If more than four dependents, see instructions.

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see instructions.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2	7	10,566.
8a Taxable interest. Attach Schedule B if required.	8a	
b Tax-exempt interest. Do not include on line 8a.	8b	
9a Ordinary dividends. Attach Schedule B if required.	9a	
b Qualified dividends (see instrs)	9b	
10 Taxable refunds, credits, or offsets of state and local income taxes (see instructions)	10	
11 Alimony received	11	
12 Business income or (loss). Attach Schedule C or C-EZ.	12	
13 Capital gain or (loss). Att Sch D if reqd. If not reqd, ck here.	13	
14 Other gains or (losses). Attach Form 4797	14	
15a IRA distributions	15a	
b Taxable amount (see instrs)	15b	
16a Pensions and annuities	16a	
b Taxable amount (see instrs)	16b	
17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E.	17	
18 Farm income or (loss). Attach Schedule F.	18	
19 Unemployment compensation	19	
20a Social security benefits	20a	
b Taxable amount (see instrs)	20b	
21 Other income	21	
22 Add the amounts in the far right column for lines 7 through 21. This is your total income	22	10,566.
23 Educator expenses (see instructions)	23	
24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ	24	
25 Health savings account deduction. Attach Form 8889	25	
26 Moving expenses. Attach Form 3903	26	
27 One-half of self-employment tax. Attach Schedule SE	27	
28 Self-employed SEP, SIMPLE, and qualified plans	28	
29 Self-employed health insurance deduction (see instructions)	29	
30 Penalty on early withdrawal of savings	30	
31a Alimony paid b Recipient's SSN	31a	
32 IRA deduction (see instructions)	32	
33 Student loan interest deduction (see instructions)	33	
34 Tuition and fees deduction. Attach Form 8917	34	
35 Domestic production activities deduction. Attach Form 8903	35	
36 Add lines 23 - 31a and 32 - 35	36	
37 Subtract line 36 from line 22. This is your adjusted gross income	37	10,566.

**Adjusted
Gross
Income**

EAA For Disclosure, Privacy Act, and Paperwork Reduction Act Notice, see instructions.

FDIA0112 12/06/07

Form 1040 (2007)

Tax and Credits

Standard Deduction for —

• People who checked any box on line 39a or 39b or who can be claimed as a dependent, see instructions.

• All others:

Single or Married filing separately, \$5,350

Married filing jointly or Qualifying widow(er), \$10,700

Head of household, \$7,850

39a Check if:

☐ You were born before January 2, 1943,

☐ Blind.

☐ Blind.

Total boxes checked ▶ 39a

☐ Spouse was born before January 2, 1943,

40 Itemized deductions (from Schedule A) or your standard deduction (see left margin) ▶ 39b

41 Subtract line 40 from line 38

42 If line 38 is \$117,300 or less, multiply \$3,400 by the total number of exemptions claimed on line 6d. If line 38 is over \$117,300, see the instructions

43 Taxable income. Subtract line 42 from line 41.

If line 42 is more than line 41, enter -0-

44 Tax (see instrs). Check if any tax is from: a ☐ Form(s) 8814 b ☐ Form 4972 c ☐ Form(s) 8889

45 Alternative minimum tax (see instructions). Attach Form 6251

46 Add lines 44 and 45

47 Credit for child and dependent care expenses. Attach Form 2441

48 Credit for the elderly or the disabled. Attach Schedule R

49 Education credits. Attach Form 8863

50 Residential energy credits. Attach Form 5695

51 Foreign tax credit. Attach Form 1116 if required

52 Child tax credit (see instructions). Attach Form 8901 if required

53 Retirement savings contributions credit. Attach Form 8880

54 Credits from: a ☐ Form 8396 b ☐ Form 8859 c ☐ Form 8839

55 Other credits: a ☐ Form 3800 b ☐ Form 8801 c ☐ Form

56 Add lines 47 through 55. These are your total credits

57 Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-

58 Self-employment tax. Attach Schedule SE

59 Unreported social security and Medicare tax from: a ☐ Form 4137 b ☐ Form 8919

60 Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required

61 Advance earned income credit payments from Form(s) W-2, box 9

62 Household employment taxes. Attach Schedule H

63 Add lines 57-62. This is your total tax

64 Federal income tax withheld from Forms W-2 and 1099

65 2007 estimated tax payments and amount applied from 2006 return

66a Earned income credit (EIC)

b Nontaxable combat pay election ▶ 66b

67 Excess social security and tier 1 RRTA tax withheld (see instructions)

68 Additional child tax credit. Attach Form 8812

69 Amount paid with request for extension to file (see instructions)

70 Payments from: a ☐ Form 2439 b ☐ Form 4136 c ☐ Form 8885

71 Refundable credit for prior year minimum tax from Form 8801, line 27

72 Add lines 64, 65, 66a, and 67 through 71. These are your total payments

73 If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid

74a Amount of line 73 you want refunded to you. If Form 8888 is attached, check here ▶ ☐

b Routing number: XXXXXXXXX ▶ c Type: ☐ Checking ☐ Savings

75 Amount of line 73 you want applied to your 2008 estimated tax

76 Amount you owe. Subtract line 72 from line 63. For details on how to pay, see instructions

77 Estimated tax penalty (see instructions)

Do you want to allow another person to discuss this return with the IRS (see instructions)? ☒ Yes. Complete the following. ☐ No

Designee's name ▶ Preparer

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature

Spouse's signature, if a joint return, both must sign.

Date

Your occupation

Spouse's occupation

Daytime phone number

OUTREACH WORKER

Preparer's SSN or PTIN

342 74 6225

EIN 36-4151839

Phone no. (888) 828-6888

IL 60620-1297

FDIA0112 12/06/07

Form 1040 (2007)

Preparer's signature ▶ OCHEIKA D. RAY

Firm's name (or yours if self-employed) address, and ZIP code

CNC RECEIVABLES LTD

P.O. BOX 201297

CHICAGO



Earnings Statement

Period Ending: 10/04/2008
Pay Date: 10/10/2008

00000000102
RHONDA K ROBINSON
7631 S RHODES AVE
CHICAGO IL 60619

CO FILE DEPT CLOCK VCHR NO 060
LBY 032602 003562 0000410102 1

HEARTLAND HEALTH OUTREACH
208 SOUTH LA SALLE STREET
SUITE 1818
CHICAGO IL 60604

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 3
IL: 3

Social Security Number: XXX-XX-9696

Earnings	rate	hours	this period		year to date	Other Benefits and Information	this period	total to date
			12.6385	80.00	1,011.08		32.00	32.00
Regular						Personal Bal	20.00	20.00
						Sick Balance		

Deductions	Statutory	this period		year to date
		12.6385	80.00	1,011.08
	Federal Income Tax			320.15
	Social Security Tax			313.43
	Medicare Tax			73.30
	IL State Income Tax			117.04
	Other			
	Checking			
	Net Pay			

Gross Pay \$1,011.08

Your federal taxable wages this period are
\$1,011.08



Earnings Statement

Period Ending: 09/20/2008
Pay Date: 09/26/2008

00000000115
RHONDA K ROBINSON
7631 S RHODES AVE
CHICAGO IL 60619

CO. FILE DEPT. CLOCK VOYR. NO. 000
LAY 032602 003562 000390115 1

HEARTLAND HEALTH OUTREACH
208 SOUTH LA SALLE STREET
SUITE 1818
CHICAGO IL 60604

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 3
IL: 3

Social Security Number: XXX-XX-9696

Earnings	rate	hours	this period	year to date	Other Benefits and Information	this period	total to date
Regular	12.6385	80.00	1,011.08	4,044.32	Personal Bal	24.00	
				4,044.32	Sick Balance	10.00	

Deductions	Statutory	year to date
Federal Income Tax	-61.08	259.07
Social Security Tax	-62.69	250.75
Medicare Tax	-14.66	58.64
IL State Income Tax	-23.41	93.63
Other		
Checking	-849.24	
Net Pay	\$0.00	

Your federal taxable wages this period are
\$1,011.08



Earnings Statement

Period Ending: 09/06/2008
Pay Date: 09/12/2008

00000000108
RHONDA K ROBINSON
7631 S RHODES AVE
CHICAGO IL 60619

CO. FILE DEPT CLOCK VCHR NO. 000
LBY 032602 003562 000370108 1

HEARTLAND HEALTH OUTREACH
208 SOUTH LA SALLE STREET
SUITE 1818
CHICAGO IL 60604

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 3
IL: 3

Social Security Number: XXX-XX-9696

Earnings	rate	hours	this period	year to date
Regular	12.6385	80.00	1,011.08	3,033.24
Gross Pay			\$1,011.08	3,033.24

Deductions	Statutory	year to date
Federal Income Tax	-61.08	197.99
Social Security Tax	-62.69	188.06
Medicare Tax	-14.66	43.98
IL State Income Tax	-23.41	70.22
Other		
Checking	-849.24	
Net Pay	\$0.00	

Your federal taxable wages this period are
\$1,011.08



Earnings Statement

Period Ending: 08/23/2008
Pay Date: 08/29/2008

RHONDA K ROBINSON
7631 S RHODES AVE
CHICAGO IL 60619

CO. FILE DEPT. CLOCK NUMBER 060
L8Y 032602 003562 0090473630 2

HEARTLAND HEALTH OUTREACH
208 SOUTH LA SALLE STREET
SUITE 1818
CHICAGO IL 60604

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 3
IL: 3

Social Security Number: XXX-XX-9696

Earnings	rate	hours	this period	year to date
Regular	12.6385	80.00	1,011.08	2,022.16
Gross Pay			\$1,011.08	2,022.16

Deductions	Statutory	
Federal Income Tax	-91.27	136.91
Social Security Tax	-62.68	125.37
Medicare Tax	-14.66	29.32
IL State Income Tax	-25.71	46.81
Net Pay	\$816.76	

Your federal taxable wages this period are
\$1,011.08



Earnings Statement

Period Ending: 08/23/2008
Pay Date: 08/29/2008

RHONDA K ROBINSON
7631 S RHODES AVE
CHICAGO IL 60619

CO. FILE DEPT. CLOCK NUMBER 060
L8Y 032602 003562 0090473629 1

HEARTLAND HEALTH OUTREACH
208 SOUTH LA SALLE STREET
SUITE 1818
CHICAGO IL 60604

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 3
IL: 3

Social Security Number: XXX-XX-9696

Earnings	rate	hours	this period	year to date
Regular	12.6385	40.00	505.54	1,011.08
Gross Pay			\$505.54	1,011.08

Deposits
Account No. 002917207185
Transit/ABA 0711 0361
Pending

Deductions

Statutory	
Federal Income Tax	-45.64
Social Security Tax	-31.35
Medicare Tax	-7.33
IL State Income Tax	-12.86
Net Pay	\$408.36

Important Notes

YOUR BANK WAS NOTIFIED OF YOUR REQUEST FOR DIRECT DEPOSIT. IT WILL BEGIN AFTER ACCOUNT VERIFICATION.

Your federal taxable wages this period are \$505.54



Earnings Statement

Period Ending: 08/09/2008
Pay Date: 08/15/2008

RHONDA K ROBINSON
7631 S RHODES AVE
CHICAGO IL 60619

CO. FILE DEPT. CLOCK NUMBER 060
Lay 032602 003562 00903030777 1

HEARTLAND HEALTH OUTREACH
208 SOUTH LA SALLE STREET
SUITE 1818
CHICAGO IL 60604

Taxable Marital Status: Single
Exemptions/Allowances:
Federal: 3
IL: 3

Social Security Number: XXX-XX-9696

Earnings	rate	hours	this period	year to date
Regular	12.6385	40.00	505.54	505.54
Gross Pay			\$505.54	505.54

Deductions	Statutory	
Social Security Tax	-31.34	31.34
Medicare Tax	-7.33	7.33
IL State Income Tax	-8.24	8.24
Net Pay	\$458.63	

Your federal taxable wages this period are \$505.54

SCHEDULE H - CODEBTORS

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by the debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight-year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no codebtors.

NAME AND ADDRESS OF CODEBTOR	NAME AND ADDRESS OF CREDITOR

SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser," "Agent," etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

☒ Check this box if debtor has no executory contracts or unexpired leases.

NAME AND MAILING ADDRESS, INCLUDING ZIP CODE OF OTHER PARTIES TO LEASE OR CONTRACT	DESCRIPTION OF CONTRACT OR LEASE AND NATURE OF DEBTOR'S INTEREST. STATE WHETHER LEASE IS FOR NONRESIDENTIAL REAL PROPERTY. STATE CONTRACT NUMBER OF ANY GOVERNMENT CONTRACT.

IN RE:

Smith, Rhonda K

Debtor(s)

Case No. _____

Chapter 7

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR

1. Pursuant to 11 U.S.C. § 329(a) and Bankruptcy Rule 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept \$ **901.00**

Prior to the filing of this statement I have received \$ **901.00**

Balance Due \$ **0.00**

2. The source of the compensation paid to me was: ☒ Debtor ☐ Other (specify):
3. The source of compensation to be paid to me is: ☐ Debtor ☐ Other (specify):
4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.
- ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.
5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:
- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
 - b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
 - c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
 - d. ~~Representation of the debtor in adversary proceedings and other contested bankruptcy matters;~~
 - e. [Other provisions as needed]

6. By agreement with the debtor(s), the above disclosed fee does not include the following services:

Litigation/Adversary Proceedings
Motions to Redeem \$400.00
Credit Education Fees

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

April 1, 2009

Date

/s/ Nicolette Robovsky

Nicolette Robovsky 6278336
Gleason & Gleason
77 W Washington, Ste 1218
Chicago, IL 60602
(312) 578-9530 Fax: (312) 578-9524

Certificate Number: 00437-ILN-CC-005949585

CERTIFICATE OF COUNSELING

I CERTIFY that on January 23, 2009, at 7:06 o'clock PM MST,

Rhonda Smith received from

Black Hills Children's Ranch, Inc.

an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the
Northern District of Illinois, an individual [or group] briefing that complied
with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan was not prepared. If a debt repayment plan was prepared, a copy of
the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet and telephone.

Date: January 23, 2009

By /s/Tucker Tonkel

Name Tucker Tonkel

Title Credit Counselor

* Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. See 11 U.S.C. §§ 109(h) and 521(b).

IN RE:

Smith, Rhonda K

Debtor(s)

Case No. _____

Chapter 7

DECLARATION REGARDING ELECTRONIC FILING

Signed by Debtor(s) or Corporate Representative
To Be Used When Filing over the Internet

PART I - DECLARATION OF PETITIONER

A. To be completed in all cases.

Date: January 22, 2009

I(We) Rhonda K Smith and _____, the undersigned debtor(s), corporate officer, partner, or member, hereby declare under penalty of perjury that the information I(we) have given my (our) attorney, including correct social security number(s) and the information provided in the electronically filed petition, statements, schedules, and if applicable, application to pay filing fee in installments, is true and correct. I(we) consent to my(our) attorney sending the petition, statements, schedules, and this DECLARATION to the United States Bankruptcy Court. I(we) understand that this DECLARATION must be filed with the Clerk in addition to the petition. I(we) understand that failure to file this DECLARATION will cause this case to be dismissed pursuant to 11 U.S.C. sections 707(a) and 105.

B. To be checked and applicable only if the petitioner is an individual (or individuals) whose debts are primarily consumer debts and who has (or have) chosen to file under chapter 7.

☒ I(we) am(are) aware that I(we) may proceed under chapter 7, 11, 12, or 13 of Title 11 United States Code; I(we) understand the relief available under each such chapter; I(we) choose to proceed under chapter 7; and I(we) request relief in accordance with chapter 7.

C. To be checked and applicable only if the petition is a corporation, partnership, or limited liability entity.

☐ I declare under penalty of perjury that the information provided in this petition is true and correct and that I have been authorized to file this petition on behalf of the debtor. The debtor requests relief in accordance with the chapter specified in the petition.

Signature: Rhonda K Smith
(Debtor or Corporate Officer, Partner or Member)

Signature: _____
(Joint Debtor)